



## ACCIDENT/INCIDENT PRELIMINARY REPORT

Preliminary information only, pending of the accident investigation

Distribution: (As appropriate)	State of Registry (or State of Occurrence) State of the Operator State of Manufacturer State(s) having provided information ICAO
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### COMPILING INSTRUCTIONS

General	This report will only be used for accidents. It will be submitted in one of the working languages of ICAO. All codes shall be entered in capitals as should the plain text entries. It is highly desirable that all entries be typewritten. All entries are to be completed. If no other instruction is given, there may be only one entry for each identifier.	
	When the word "code" is found under an entry, the compiler is requested to refer to appropriate appendix of the ADREP Manual to find the code to be entered. The plain text for the code is also then to be entered in the space provided.	
Entry of figures and letters	For 0 (Zero) enter thus: 0 For 1 (One) enter thus : 1 For 7 (Seven) enter thus: 7	For Å enter thus: Aa For Ä enter thus: AE For Ö or ø enter thus: OE For Ü enter thus: UE
For identifiers marked with • special coding instructions are listed in Chapter 3 of the manual.		

### 00 – OCCURRENCE IDENTIFICATION

#### Filing Information

State Reporting 0001 •									Plain text
	Code								
State file number 0002									

#### Where

State /area of occurrence 0004 •									Plain text
	Code								
Location (Near) 0005									
	Local spelling using Roman Letters								

#### When

Date of Occurrence 0008	YEAR	MONTH	DAY					
Local time of occurrence 0009	Hour	Minute						

#### Aircraft

Manufacturer 0010 •								Plain text
	Code							
Model 0011 •								
	Code							





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Registration 0012										
Include hyphens as appropriate										
State of Registry 0013 •										
Code				Plain text						
Operator's name 0014 •										
Code				Name						

**01 - HISTORY OF FLIGHT**

**Airline Operation (Air Transport Operations)**

Type of Operation 0101	1 <input type="checkbox"/> Passenger	2 <input type="checkbox"/> Cargo	3 <input type="checkbox"/> Passenger/Cargo
	4 <input type="checkbox"/> Ferry/Positioning	5 <input type="checkbox"/> Training / Check	Y <input type="checkbox"/> Other
	Z <input type="checkbox"/> Unknown		
0102	S <input type="checkbox"/> Scheduled	N <input type="checkbox"/> Non-scheduled	Z <input type="checkbox"/> Unknown
0103	D <input type="checkbox"/> Domestic	I <input type="checkbox"/> International	Z <input type="checkbox"/> Unknown

**General Aviation**

Type of Operation	Instructional		
0104 •	10 <input type="checkbox"/> Dual	11 <input type="checkbox"/> Solo	12 <input type="checkbox"/> Check
	1Y <input type="checkbox"/> Other	1Z <input type="checkbox"/> Unknown	
	Non-Commercial		
	20 <input type="checkbox"/> Pleasure	21 <input type="checkbox"/> Business	22 <input type="checkbox"/> Government/State
	23 <input type="checkbox"/> Aerial Work	24 <input type="checkbox"/> Off-shore Operation	2Y <input type="checkbox"/> Other
	2Z <input type="checkbox"/> Unknown		
	Commercial		
	30 <input type="checkbox"/> Aerial Application	31 <input type="checkbox"/> Fire Control	32 <input type="checkbox"/> Aerial observation
	33 <input type="checkbox"/> Aerial Advertising	34 <input type="checkbox"/> Construction/Sling load	35 <input type="checkbox"/> Aerial ambulance
	36 <input type="checkbox"/> Logging	37 <input type="checkbox"/> Off-shore operation	3Y <input type="checkbox"/> Other
	3Z <input type="checkbox"/> Unknown		
	Miscellaneous		
	40 <input type="checkbox"/> Test/Experimental	41 <input type="checkbox"/> Illegal (smuggling etc.)	42 <input type="checkbox"/> Ferry
	43 <input type="checkbox"/> Search & Rescue	44 <input type="checkbox"/> Airshow/Race	45 <input type="checkbox"/> Demonstration
	4Y <input type="checkbox"/> Other	4Z <input type="checkbox"/> Unknown	
Type of Operator 0105	1 <input type="checkbox"/> Passenger	2 <input type="checkbox"/> Corporate/Executive	3 <input type="checkbox"/> Passenger/Cargo
	4 <input type="checkbox"/> Ferry/Positioning	5 <input type="checkbox"/> Sales/Rental/Service	Y <input type="checkbox"/> Other
	Z <input type="checkbox"/> Unknown		





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**Itinerary**

Last Departure point 0016												
	Local spelling using Roman Letters											
Planned Destination 0017												
	Local spelling using Roman Letters or S ( ) if same as 0005											
Duration of flight (time airborne) 0009												
	Hour	Minute		or Y( ) if accident occurred on ground								

**02 - INJURIES TO PERSONS**

	Fatal	Serious	Minor	None	Unknown
0208 Crew					
0206 Passengers					
0207 On Ground					

**03/04 - DAMAGE**

Damage to aircraft 0301 •	D <input type="checkbox"/> Destroyed	S <input type="checkbox"/> Serious	M <input type="checkbox"/> Minor	N <input type="checkbox"/> None	Z <input type="checkbox"/> Unknown
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**07 - METEOROLOGICAL INFORMATION**

General weather in the area of occurrence 0705							
1	<input type="checkbox"/> Visual Meteorological Conditions		2	<input type="checkbox"/> Instrument Meteorological Conditions		Z	<input type="checkbox"/> Unknown
Light conditions 0706	1	<input type="checkbox"/> Dual	2	<input type="checkbox"/> Solo	3	<input type="checkbox"/> Check	
	4	<input type="checkbox"/> Other	5	<input type="checkbox"/> Unknown	Z	<input type="checkbox"/> Unknown	

**Sequence of Events**

EVENTS				PHASES			
1				1			
	Code	Plain text			Code	Plain text	
2				2			
3				3			
4				4			
5				5			





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Narrative	<p>This shall not exceed 200 words and will be presented in the following order:</p> <ol style="list-style-type: none"><li>1. Brief description of the occurrence including emergency circumstances and significant information;</li><li>2. Additional remarks, including precise information on items which have been coded "OTHER";</li><li>3. Safety recommendations and corrective action taken or under consideration.</li></ol> <p><i>Note:- Please print or type.</i></p>